

Denise Drummond, Policy Analyst for the African American Sub-Commission of the CWCSEO

Testimony of the Commission on Women, Children, Seniors, Equity and Opportunity Submitted to the Judiciary Committee Friday, March 25, 2022

In Support of:

- *S.B. 459 AN ACT CONCERNING THE COMMISSION FOR CORRECTIONAL OVERSIGHT, THE USE OF ISOLATED CONFINEMENT, SECLUSION, RESTRAINTS, STRIP SEARCHES, SOCIAL CONTACTS FOR INCARCERATED PERSONS, TRANSPARENCY FOR CONDITIONS OF INCARCERATION AND CORRECTIONAL OFFICER TRAINING.
- * H.B. 5390 AN ACT REPEALING STATUTORY PROVISIONS THAT IMPOSE LIABILITY ON AN INDIVIDUAL FOR REPAYMENT OF COSTS INCURRED WHEN THE INDIVIDUAL WAS INCARCERATED.
- * S.B. 460 AN ACT CONCERNING COMPASSIONATE OR MEDICAL PAROLE AND CREDITS AWARDED FOR RELEASE DURING AN EMERGENCY DECLARATION.

Co-Chairs Winfield and Stafstrom, Vice Chairs Flexer and Blumenthal, Ranking Members, Kissel and Fishbein and members of the Judiciary Committee. My name is Denise Drummond and I am the Lead African American Affairs Policy Analyst for the Commission on Women, Children, Seniors, Equity & Opportunity.

Our Commission wishes to express support to the following bills before you:

S.B. 459 - AN ACT CONCERNING THE COMMISSION FOR CORRECTIONAL OVERSIGHT, THE USE OF ISOLATED CONFINEMENT, SECLUSION, RESTRAINTS, STRIP SEARCHES, SOCIAL CONTACTS FOR INCARCERATED PERSONS, TRANSPARENCY FOR CONDITIONS OF INCARCERATION AND CORRECTIONAL OFFICER TRAINING.

This bill would limit the use of solitary confinement, create a 12-member Commission of Correctional Oversight, develop Residential Rehabilitation Units for vulnerable persons, place strict limitations on the use of in-cell restraints, provide mental health resources for DOC staff, and forbid disciplinary restrictions on social contact. Last legislative session the bill passed with bipartisan support in both chambers. However, Governor Lamont rejected SB-1059, stating that it puts the safety of incarcerated persons and correction employees at risk, and puts unreasonable and dangerous limits on the use of restraints – among other measures – potentially putting people at risk.



Solitary confinement causes irreparable harm; it is cruel, detrimental to a person's mental health, and counterproductive if the goal is to rehabilitate inmates after their release, as many leave prisons and cannot cope with life outside of prison.

Psychological effects of solitary confinement can include anxiety, depression, anger, cognitive disturbances, perceptual distortions, obsessive thoughts, paranoia, and psychosis. Solitary confinement is linked to the formation and aggravation of serious mental illness, and it acts as a catalyst for the development of new forms of psychiatric disorders.¹

The adverse effects of solitary confinement are especially significant in persons with a mental illness. Since their ability to handle the stress of incarceration is already impaired, they may exhibit dangerous behaviors resulting in higher rates of disciplinary infractions. Once in segregation, continued misconduct connected to the mental illness can keep the inmates there indefinitely. In Connecticut, people of color are more likely to be punished with solitary confinement relative to the overall incarcerated population. In 2019, Connecticut was the worst state in the nation for disproportionately assigning Black men to solitary confinement.²

According to *Alternatives To Isolation*, *Effective Tools To Increase Safety In Connecticut Prisons & Jails*, "[a]cross the country, alternatives to isolation are reliably creating safer conditions across a wide array of institutions." Reducing isolation, increasing exposure to other people, and pro-social programming have a positive effect on safety and security. Isolation is shortsighted and counterproductive.

Our Commission strongly supports S.B. No. 459. Passing this bill would establish the Commission for Correctional Oversight, regulate the use of isolated confinement, seclusion, restraints and strip searches, permit greater social contacts for incarcerated persons and increase transparency concerning conditions of incarceration and training for correctional officers.

¹ Solitary Confinement: Devastating for Adults, Worse for Children, by Cailin Young, January 13, 2019, The Baltimore Sun, https://www.baltimoresun.com/opinion/op-ed/bs-ed-op-0114-solitary-confinement-20190111-story.html

² ACLU of Connecticut, https://www.acluct.org/en/legislation/senate-bill-1059-protect-act#:~:text=In%20Connecticut%2C%20people%20of%20color,assigning%20Black%20men%20to%20solitary.

³ *See*, page 6. Alternatives To Isolation, Effective Tools To Increase Safety In Connecticut Prisons & Jails: https://static1.squarespace.com/static/5875389c414fb5ad04c57d9a/t/60528340394b57569805a521/1616020316840/
Alternatives+to+Isolation+Report SSCT 03162021.pdf



H.B. 5390 - AN ACT REPEALING STATUTORY PROVISIONS THAT IMPOSE LIABILITY ON AN INDIVIDUAL FOR REPAYMENT OF COSTS INCURRED WHEN THE INDIVIDUAL WAS INCARCERATED.

This bill will repeal statutory provisions that impose liability on formerly incarcerated individuals for the costs of their incarceration.

The current incarceration lien, or pay-to-stay-law, C.G.S. 18-85, allows the state to take up to 50% of inheritances and lawsuit proceeds received by people who have been incarcerated. In addition, when a formerly incarcerated person dies, the state can, in certain cases, take their entire estate. The fear of state collection haunts formerly incarcerated people for up to 20 years after their release from prison. States across the country have been repealing pay-to-stay laws for decades. Connecticut and Maine remain the only states in New England and the Tri-State area to still impose a post-incarceration lien. This punitive practice must end in Connecticut.

Our Commission supports H.B. 5390 and the repeal of C.G.S. 18-85 for the following reasons:

Punishment for formerly incarcerated people continue long after their sentence ends. A criminal record carries lifelong barriers that can prevent access to employment, housing, education, and job training, things that are needed for successful reentry into society. Collecting funds from previously incarcerated people prevents individuals from using these funds to access secure housing, education, employment, and treatment, the things that would help accrue resources necessary for socioeconomic equality. Taking away these critical lifelines makes rehabilitation and successful reentry more challenging.

According to the National Resource Center on Children and Families of the Incarcerated at Rutgers University, "[w]hen parents go to prison or jail, their children suffer. The loss of a parent to incarceration can precipitate trauma and disruption that few experience without serious consequences. This loss often compounds or exacerbates existing environmental stress such as poverty, poor schools and violent neighborhoods." Cases are unique and each child responds differently, however, children are effected through no fault of their own emotionally, physically, educationally, and financially.

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⁴ See, page 1. Children of Incarcerated Parents Library – Impact of Parental Incarceration. https://nrccfi.camden.rutgers.edu/files/cipl301-impactofarentalincarceration-edited.pdf



A lien makes building and distributing wealth to children challenging. Many formerly incarcerated individuals are unable to pass along inheritances, estates, or lawsuit proceeds to their children, preventing them from creating a better life for themselves, thus stagnating economic mobility. While the state should enact legislation that lifts the economically vulnerable, the current incarceration lien does the opposite.

Passing this bill will repeal statutory provisions that impose liability on formerly incarcerated individuals for the costs of their incarceration Our Commission urges you and your colleagues to repeal C.G.S. Sec. 18-85 and give members of our society a fair and equal chance to reenter after serving a carceral sentence.

S.B. 460 - AN ACT CONCERNING COMPASSIONATE OR MEDICAL PAROLE AND CREDITS AWARDED FOR RELEASE DURING AN EMERGENCY DECLARATION.

This bill creates a release panel for determinations of medical and compassionate release, modifies standards used to determine when an inmate may be eligible for compassionate parole release, and establishes a system for credits to be awarded to inmates toward release from imprisonment in the time of an emergency declaration.

Rationales for imprisonment are punishment, rehabilitation, protection of the public, and deterrence. However, "[t]hese justifications may be substantially undermined for prisoners who are too ill or cognitively impaired to be aware of punishment, too sick to participate in rehabilitation, or too functionally compromised to pose a risk to public safety."⁵

Aging, sick, and dying prisoners present unique challenges to prison systems poorly equipped to meet them. As prisoners age or experience declining health, their threat to public safety lessens, as do some of the justifications for continuing to hold them behind bars.

Compassionate release allows prisoners facing imminent death, advancing age, or debilitating medical conditions to secure early release when those developments diminish the need for, or morality of, continued imprisonment.

Reasons for early release include the high costs of housing, accommodating, and providing medical care for aging prisoners, prisoners who are ill or suffering from a significant and limiting disability, and prisoners nearing the end of their lives. As prisoners age or experience declining

⁵ See, page 11. Families Against Mandatory Minimums: Everywhere and Nowhere Compassionate Release in the States, https://famm.org/wp-content/uploads/Exec-Summary-Report.pdf



health, their threat to public safety lessens, as do some of the justifications for continuing to hold them behind bars.

Nationally, by 2030, prisons will house over 400,000 prisoners who will be age 55 and older, making up nearly one-third of the population.⁶ Experts relate that the rising cost of state prison health care is due largely to the growing population of older prisoners with disabilities and chronic medical conditions. Experts estimate that elderly prisoners cost prison systems between \$60,000 and \$70,000 per year. The higher costs stem from the much greater health care needs of the elderly population.⁷

Caring for older prisoners and those with serious health conditions is expensive and costs are expected to continue to grow in forthcoming years. Leaving prison through compassionate release affords these patients access to community-based health care or end of-life supports at a fraction of the cost incurred behind bars.

Forty-nine states and the District of Columbia, as well as prisons within the federal government system, provide some means for prisoners to secure early release when circumstances such as imminent death or significant illness lessen the need for, or morality of, their continued imprisonment. Despite the widespread existence of these programs, very few prisoners receive such compassionate release.

We urge you to create a release panel for determinations of medical and compassionate release, modify standards used to determine when an inmate may be eligible for compassionate parole release, and establish a system for credits to be awarded to inmates toward release from imprisonment in the time of an emergency declaration.

Our Commission appreciates the leadership of the Judicial Committee.

Thank you for the opportunity to testify today.

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⁶ See, page 9. Families Against Mandatory Minimums: Everywhere and Nowhere Compassionate Release in the States, https://famm.org/wp-content/uploads/Exec-Summary-Report.pdf

⁷ https://compassionaterelease.com/elderly-medical-

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⁸ *Compassionate Release of Inmates a Moral Imperative*, by Matthew Mongino, April 3, 2020, The Providence Journal. https://www.providencejournal.com/story/opinion/columns/2020/04/03/mangino-column-compassionate-release-of-inmates-moral-imperative/1412591007/